SF 278 (Rev. 03/2000) 5 C F R Part 2634

Executive Branch Personnel PUBLIC FINANCIAL DISCLOSURE REPORT

Form Approved OMB No. 3209-000

5 C.F.R. Part 2634 U.S. Office of Government Ethics	DACCULIVE	Di anch i	ci sonner i c	DLIC	J 1 11 (1 11)		SCLOSURE IX		OMB No. 3209-000
Date of Appointment, Candidacy, Election, or Nomination (Month, Day, Year)	Status (Check Appropriate	Incumbent	Calendar Year Covered by Report	New Er Nomine or Cano	ee,	Termination Filer	Termination Date (If Applicable) (Month, Day, Year)	7	Fee for Late Filing Any individual who is required to file this
D (1	Boxes) Last Name			F	irst Name and Mi	ddle Initial			report and does so more than 30 days after the late the report is required to be filed, or, if an
Reporting Individual's Name								e ti	extension is granted, more than 30 days after he last day of the filing extension period, shal
Position for Which	Title of Position			D	epartment or Age	ncy (If Applicable)		b	pe subject to a \$200 fee.
Filing									Reporting Periods
Location of Present Office (or forwarding address)	Address (Number, Stre	et, City, State, and	ZIP Code)	•		Telephone No	o. (Include Area Code)	p S	Incumbents: The reporting period is the preceding calendar year except Part II of Schedule C and Part I of Schedule D where you must also include the filing year up to the
Position(s) Held with the Federal Government During the Preceding	Title of Position(s) and	Date(s) Held							late you file. Part II of Schedule D is not applicable.
12 Months (If Not Same as Above)								1	Termination Filers: The reporting period begins at the end of the period covered by your previous filing and ends at the date of
Presidential Nominees Subject	Name of Congressiona	l Committee Consi	dering Nomination	D	o You Intend to 0	Create a Qualified Di	versified Trust?	t	ermination. Part II of Schedule D is not
to Senate Confirmation					Yes		No		applicable.
Certification	Signature of Reporting	Individual				Date (Month,	Day, Year)		Nominees, New Entrants and Candidates for President and
I CERTIFY that the statements I have made on this form and all attached schedules are true, complete and correct to the best of my knowledge.								S	Vice President: Schedule AThe reporting period for income BLOCK C) is the preceding calendar year and the current calendar year up to the date of
Other Review	Signature of Other Rev	riewer				Date (Month,	Day, Year)	f	iling. Value assets as of any date you choose hat is within 31 days of the date of filing
(If desired by agency)								s	Schedule BNot Applicable
Agency Ethics Official's Opinion	Signature of Designate	d Aganay Ethias C	Official/Reviewing Officia	v1		Date (Month,	Day Vasa)		Schedule C, Part I (Liabilities)The reporting period is the preceding calendar year
On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to	Signature of Designate	d Agency Edites C	inclass Reviewing Officia	11		Date (Month,	Duy, Teur)	a	and the current calendar year up to any date you choose that is within 31 days of the date of filing.
any comments in the box below.)	Signature					Date (Month,	Day Voar)		Schedule C, Part II (Agreements or
Office of Government Ethics	Signature					Date (Month,	Duy, Teur)	<i>A</i>	Arrangements)Show any agreements or arrangements as of the date of filing.
Use Only								s	Schedule DThe reporting period is the
Comments of Reviewing Officials (If a	additional space is re	equired, use the i							preceding two calendar years and the current calendar year up to the date of filing.
			(Che	eck box if fili	ng extension gran	ted & indicate numb	er of days)		
									Agency Use Only
									OGE Use Only
					(Check box ij	comments are contin	nued on the reverse side)		

Reporting Individual's Name	SCHEDULE A											Page Number																					
Assets and Income			Valuation of Assets at close of reporting period BLOCK B Income: type and amount. If "None (or less than \$2 other entry is needed in Block C for that item. BLOCK C												\$201)" is chec	ked, no																	
For you, your spouse or dependent children, repo	rt																	T	ype									nou	ınt				
each asset held for investment or the production of income which had a fair market value exceeding \$1,000 at the close of the reporting period, together with such income. For yourself, also report the source and actual amount of earned income exceeding \$200 (other than from the U.S. Government). For your spouse report the source but not the amount of earned income of more than \$1,000 (except report the actual amount of any honoraria over \$200 of you spouse).		None (or less than \$1,001)	\$1,001 - \$15,000	1		\$100,001 - \$250,000		\$500,001 - \$1,000,000)	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust	Dividends	Sovalties		Gains	None (or less than \$201)	\$201 - \$1,000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
Examples: Central Airlines Common Doe Jones & Smith, Hometown, State Kempstone Equity Fund IRA: Heartland 500 Index Fund		_	_	X	X	X	++	+ + X		- - -		· —		<u>X</u> X	<u> </u>	_	X 				- - -	 	X	X	 X		· -		_	_ _ _	- - -	Law Partnership Income \$130,000	
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*This category applies only if the asset/income							•				•							sset	/inco	ome	is e	ither	tha	t of	the	filer	orj	join	tly l	neld			

Reporting Individual's Name		SCHEDULE A continued												F	Page Number																
Assets and Income			Valuation of Assets at close of reporting period														e: type and amount. If "None (or less than entry is needed in Block C for that item.									an \$	3201)" is chec	ked, no			
BLOCK A					E	BLO	CK E	3		_		-		1			Тур		_				BL	OCI		nou	nt				
		None (or less than \$1,001)	\$15,001 - \$50,000	\$50,001 - \$100,000	\$100,001 - \$250,000	\$250,001 - \$500,000	\$500,001 - \$1,000,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	\$5,000,001 - \$25,000,000	\$25,000,001 - \$50,000,000	Over \$50,000,000	Excepted Investment Fund	Excepted Trust	Qualified Trust		l Royalties		Capital Gains None (or less than \$201)	\$201 - \$1 000	\$1,001 - \$2,500	\$2,501 - \$5,000	\$5,001 - \$15,000	\$15,001 - \$50,000		,000	Over \$1,000,000*	\$1,000,001 - \$5,000,000	Over \$5,000,000	Other Income (Specify Type & Actual Amount)	Date (Mo., Day, Yr.) Only if Honoraria
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*This category applies only if the asset/inc	come is s	olely	that	of th	ne fil	er's	spou	ise (or de	epen	dent	t chi	ldre	n. I	f the	e ass	set/ir	ncon	ne is	eith	er tha	at of	the	filer	orj	joint	tly h	eld			

by the filer with the spouse or dependent children, mark the other higher categories of value, as appropriate.

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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

Reporting Individual's Name	SCHEDULE B Page Number																
Part I: Transactions Report any purchase, sale, or exchange by you, your spouse, or dependent children during the reporting period of any real	report a transaction involving property used solely as your personal residence, or a transaction solely between you, your spouse,	Non	е]													
property, stocks, bonds, commodity futures,	or dependent child. Check the "Certificate of	Tr	ansact Type (2	ion x)					A	Amour	nt of T	ransac	tion (x	k)			
and other securities when the amount of the transaction exceeded \$1,000. Include transactions that resulted in a loss. Do not	other securities when the amount of the divestiture" block to indicate sales made												\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	Over \$50,000,000	Certificate of divestiture	
-	cation of Assets	\$1	\$1 \$5	_	\$1 \$2	\$2	\$5 \$1	O \$1	\$ \$	\$ \$	\$ \$	O \$5	ပီ ' ခ်				
Example: Central Airlines Common			02/01/1999			X							\vdash				
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Part II: Gifts, Reimburseme For you, your spouse and dependent children, value of: (1) gifts (such as tangible items, transreceived from one source totaling \$260, and (2)	report the source, a brief description, and the sportation, lodging, food, or entertainment)) travel-related cash reimbursements received conflicts analysis, it is helpful to indicate a basis broval under 5 U.S.C. § 4111 or other statutory bursements, include travel itinerary, dates, and	the U relati to yo aggree	J.S. G ves; r u; or j	overn eceive provice g gifts	ment; given to y ed by your spouded as personal I s to determine the	our agse or conspita	gency lepend ality a l value	in con lent ch	nnecti nild to	on wi	ith off indep dence	ficial i	nt of to, for	heir r	elation	nship or	
Source (Name and Address)				В	rief Description										\top	Valu	ie
Examples: Nat'l Assn. of Rock Collectors, NY, Frank Jones, San Francisco, CA	1											圭	\$500 \$300				
1																	
2															\top		
3															+		
4															+		
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Do not complete Schedule B if you are a new entrant, nominee, or Vice Presidential or Presidential Candidate

U.S. Office of Government Ethics																			
Reporting Individual's Name	SCHE (U	DUI se on	LE I	B co	ontinued ded)							Pa	Page Number						
Part I: Transactions																			
		Tŗ	ansact	ion					I	Amoui	nt of T	ransac	tion (y	K)					
		Purchase		Exchange	Date (Mo., Day, Yr.)	001- 0000	,001- ,000	,001- 0,000	0,001- 0,000	0,001-	0,001-	sr 300,000*	000,001- 000,000	000,001- ,000,000	\$25,000,001- \$50,000,000	er ,000,000	tificate of estiture		
1	Identification of Assets	Pur	Sale	Exc		\$1,0 \$15	\$15 \$50	\$50 \$10	\$10 \$25	\$25 \$50	\$50 \$1,0	Ove \$1,0	\$1,0 \$5,0	\$5,0 \$25	\$25 \$50	Ove \$50	Cer div		
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*This category applies only if the ass	set/income is solely that of the filer's spouse or dependent	childre	en. If	the as	set/income is eit	her th	at of t	he fil	er or i	iointly	l v held								
	endent children, mark the other higher categories of value								01]	,	,								

J.S. Office of Government Ethics Reporting Individual's Name	SCI	HEDUI	FC								Page	Numbe	er		
	SCI	nebui	LEC												
Part I: Liabilities			_								-				
Report liabilities over \$10,000 owed to any on		None						Catego	ory of	Amoun	t or Va	alue (x))		
creditor at any time during the reporting period by you, your spouse, or dependent children. Check the highest amount owed during the reporting period. Exclude a mortgage on you	appliances; and liabilities owed to certain relatives listed in instructions. See instructions	Date	Interest	Term if	,000	\$15,001- \$50,000	\$50,001- \$100,000	\$100,001- \$250,000	\$250,001- \$500,000	\$500,001- \$1,000,000	er 000,000*	\$100,001- \$5,000,000	\$5,000,001- \$25,000,000	\$25,000,001- \$50,000,000	is.
Creditors (Name and Address)	Type of Liability	Incurred	Rate	applicabl	\$10 \$15	\$15 \$50	\$50 \$10	\$10 \$25	\$25 \$50	\$50 \$1,	Ov.	\$1(\$5,	\$5,	\$23	Over
Examples: First District Bank, Washington, DC John Jones, 123 J St., Washington, DC	Mortgage on rental property, Delaware Promissory note	1991 1999	8% 10%	e 25 yrs.		<u> </u>	_X_	 			 	<u> </u>	<u> </u>	 	_
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	ome is solely that of the filer's spouse or dependent chi children, mark the other higher categories of value, as			ome is eith	ner tha	t of th	e filer	r or joi	intly h	eld					
Part II: Agreements or Arra Report your agreements or arrangements for employee benefit plan (e.g., pension, 401k, de payment by a former employer (including several)	or: (1) continuing participation in an abferred compensation); (2) continuation of ne	osence; and egotiations							arding	g the re	eportii	ng of	No	one	
Status and	Terms of any Agreement or Arrangement							Part	ies					I	Date
Example: Pursuant to partnership agreement, will service performed through 1/00.	receive lump sum payment of capital account & partnership sl	hare calculate	ed on	Doe Jone	s & Sm	nith, Ho	ometov	wn, US	A					7/	/198
1															
2															
3														+	
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U.S. Office of Government Ethics Reporting Individual's Name		SCHEDULE D		Page Number	
Part I: Positions Held Outside U.S. Report any positions held during the applicable reporting prompensated or not. Positions include but are not limited to director, trustee, general partner, proprietor, representative of any corporation, firm, partnership, or other business entership.	period, whether to those of an officer, , employee, or consultan	fraternal, or political entities	institution. Exclude positions with rest and those solely of an honorary nature	re.	one
Organization (Name and Address)		Type or Organization	Position Held	From (Mo., Yr.)	To (Mo., Y
Examples: Nat'l Assn. of Rock Collectors, NY, NY Doe Jones & Smith, Hometown, USA	- – – – – – .	Non-profit education Law firm	President Partner		Present 1/2000
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Δ .					
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Dout II. Companyation In Every of	¢£ 000 Daid by	One Serves Do not	complete this part if you are ar	 1 Incumbent, Term	ination
Part II: Compensation In Excess of	55,000 Paid by	One Source Filer,	t complete this part if you are ar or Vice Presidential or Presiden	tial Candidate	
Report sources of more than \$5,000 compensation received			rectly provided the services generating	g a	
business affiliation for services provided directly by you do of the reporting period. This includes the names of clients		fee or payment of more than \$5,000. Government as a source.	You need not report the U.S.		
any corporation, firm, partnership, or other business enterp				No	one
Source (Name and Address)			Brief Description of Duties		
Examples: Doe Jones & Smith, Hometown, USA Metro University (client of Doe Jones & Smith), Mono	avtown USA	Legal services Legal services in connection with university or	onetruction		
1	Jylown, OSA	Legal services in connection with university of	onstruction .		
2					
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